

Needham Public Health Division 178 Rosemary Street Needham, MA 02494 781-455-7940

www.needhamma.gov/health

781-455-7940 ext.504 781-455-7922 (fax)



Application for an Addition to a House on a Septic System

Fee Make check payable to Town of Needham/Health Department

1. Address:				
Name of Owner:			Phone	
Owner's Address	s (if different)			
2. Builder's Name			Phone	
3. Current Septic	System (check all that	apply):		
	Cesspool	Septic Tank size	Leach Pit	
	Leach Line	Leach Trench	\Box Unknown	
	Ever Inspected?	□Yes □ No	Date Inspected?	_
	Inspected by		Phone	_
(Please submit a w	ent Number of Bedroo (Total number of rooms	ms Total s excludes bathrooms, hally	Engineering Dept. on cost of sewer of Number of Roomsways and unheated storage rooms.)	
7. Signature of O	wner or Contractor		Date	
Questions? Call t	the Environmental Hea	Ith Agent at the Hea	Ith Department at 781-455-7523	
For Health Departn Checklist	nent use only: Date com	pleted		
Check for required	d fee made out to Town of I	Needham		
Copy of proposed	l building plans			
Change in Change in	clearly showing location of footprint? 310 CMR 15.30 number of bedrooms 310 0 w for current system	l (2)	Foot: Y N Sewer: Y → gpd with grinder?	N bedrooms